

HOUSING AUTHORITY OF THE COUNTY OF STANISLAUS

1701 Robertson Road / P.O. Box 581918 Modesto, CA 95358-0033
Phone (209) 557-2000 / FAX 557-2011 / TDD 557-2012

NOTICE TO VACATE AND TERMINATION OF TENANCY

I, _____ hereby give 30 days notice of my intent to vacate and terminate my tenancy at the dwelling located at _____ with an original lease date of: _____
Date of vacancy and termination of tenancy: _____
Forwarding address: _____
Reason for moving: _____
Phone: ()) _____ Phone / Message Phone after moving: ()) _____
 Yes No I would like the option to have an initial move-out inspection prior to my final move-out inspection to mitigate any cleaning or damage issues.

RESIDENT MUST:

- 1 Move within 30 days of written notice to the Housing Authority;
- 2 Leave the unit in a clean and good condition, except for reasonable wear and tear;
- 3 Julie Palma (557-2045) will be calling you to schedule the final inspection of the vacant unit ten (10) days in advance of the expiration of the vacate notice;
- 4 Return all unit keys and gate openers to the inspector at the time of the scheduled move out inspection;
- 5 Pay for repairs, replacements, and cleaning beyond what is reasonable wear and tear;
- 6 Pay rent for the 30 day notice period if the unit cannot be re-rented prior to the end of the 30 days;
- 7 Pay rent IN FULL on the first of the month during the 30 day notice period. Rent will also be charged beyond the 30 day notice period until keys are returned to the Housing Authority during regular office hours.

IN ADDITION: Any remaining personal property of the resident left in the unit shall be considered abandoned, and may be disposed of by the Housing Authority according to state law. Resident shall be responsible for all costs incurred by the Housing Authority for such disposal.

RESIDENT SIGNATURE _____

DATE _____

↓ for office use only, below this line ↓

	DATES ONLY:			
SSN _____	Vacancy Log _____	Tenant Notice _____		
Unit # _____	Insp. Packet _____	Date Inspected _____		
No. Bdrm _____	3/30 Day Iss. _____	Charge Through _____		
Extension requested date: _____	Vacate extended to: _____			
Vacate canceled: _____	Cancellation letter sent: _____			
Comments: _____				

Rent paid @ \$ _____ per month for _____ \$ _____
Rent Used _____ thru _____ \$ _____

Security Deposit Paid Rent Balance Due \$ _____
Deductions \$ _____
Balance Due..... \$ _____
Total Refund..... \$ _____

Balance Due..... \$ _____
Total Refund..... \$ _____

Housing Manager _____ Amount _____ Date Mailed _____
Check No. _____

F:\USERS\RENT\ALL\FORMS\VACATE.WPD

White to Finance, Yellow to Occupancy, Pink to Tenant